2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State
06-02-2008 90001 028 ***150.00

DOCUMENT # S30526

1. Entity Name

CYNTHIA GAYLE'S, INC.

Principal Place of Business	Mailing Address
4700 RIVERSIDE DR 106 PARKLAND FL 33067 US	~~P.O. BOX 770145~~ ~~CORAL SPRINGS FL 33077-0145~~ ~~US~~

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 308
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Burnsville, NC
Zip / Country	Zip: 28714 / Country: USA

4. FEI Number 65-0246067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAYLE, CYNTHIA
7228 LAUREL LANE
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name: GAYLE CYNTHIA
Street Address (P.O. Box Number is Not Acceptable): 4700 Riverside Drive #106
City: CORAL SPRINGS FL Zip Code: 33067

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAYLE, CYNTHIA ~~7228 LAUREL LANE~~ PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CYNTHIA GAYLE 4700 RIVERSIDE DRIVE #106 CORAL SPRINGS, FL 33067	☒ Change ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUTCHISON, CHARLES 7228 LAUREL LANE PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HUTCHISON, CHARLES 4700 RIVERSIDE DRIVE #106 CORAL SPRINGS, FL 33067	☒ Change ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HJELVIK, SHERRY 7228 LAUREL LN PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HJELVIK, SHERRY 4700 RIVERSIDE DRIVE #106 CORAL SPRINGS, FL 33067	☒ Change ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Gayle 4/26/08 954-802-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #